


LOCATION OF INITIAL INTERVIEW 1st PCT		DATE OF INTV. 3/16/17	TIME OF INTV. 1550	POLICE DEPARTMENT, COUNTY OF SUFFOLK, NY ACCREDITED LAW ENFORCEMENT AGENCY	
PRECINCT 1	COMMAND 120	TOUR 8x4	BLOTTER ENTRY	 PRISONER ACTIVITY LOG <small>39-0392: 03/15</small> PDCS-2032h	
CHARGE(S) WARRANT / USR				DISTRIBUTION: WHITE - CENTRAL RECORDS YELLOW - PRECINCT FILE PINK - COMMAND OF DETENTION GOLDENROD - COURT LIAISON	
PRISONER'S LAST NAME, FIRST, M.I. HARRIS, VICTORIA				D.O.B. 12/17/93	SEX: <input checked="" type="checkbox"/> M <input type="checkbox"/> F RACE: <input type="checkbox"/> WHITE <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> ASIAN <input type="checkbox"/> AM INDIAN/ALASKAN NATIVE <input type="checkbox"/> NATIVE HAW/ OTHER PAC ISLANDER <input type="checkbox"/> UNK
ADDRESS: 1317 ACKERSON BLVD BAYSHIRE				DATE OF ARREST 3/16/17	TIME OF ARREST 1550
PRISONER BAILED? If yes, continue <input type="checkbox"/> YES <input type="checkbox"/> NO				BAIL AMOUNT \$ _____ APPEARANCE TICKET # _____ CASH BAIL RECEIPT # _____ LIND	
VISIBLE PHYSICAL CONDITION UPON INITIAL INTERVIEW (Indicate observable cuts, scrapes, bruises, signs of drug/alcohol impairment) Appears normal no visible injuries				PRISONER CLAIMS PAIN, INJURY OR ILLNESS ... EXPLAIN DETAILS OF CLAIM No	
VISIBLE EMOTIONAL CONDITION Calm				IS PRISONER ON MEDICATION? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if yes, continue) PRESCRIPTION NUMBER _____ DOCTOR'S NAME _____ NAME OF PHARMACY _____ AMOUNT _____ EVERY _____ HOURS (NOTE MEDICATION DISTRIBUTION IN PRISONER ACTIVITY SECTION)	
ARE PHOTOS, IN ADDITION TO MUG SHOTS, REQUIRED AS PER R&P CHAP18.1? <input type="checkbox"/> Y <input type="checkbox"/> N		PHOTOS TAKEN? <input type="checkbox"/> Y <input type="checkbox"/> N		DATE: _____	
ARRESTING OFFICER'S LAST NAME, FIRST, M.I. RANK/SHIELD/COMMAND (IF NOT SCPD, LIST AGENCY) PAR / CLARKE				PLATOON COMMANDER OR DESIGNEE PERFORMING INTERVIEW MOORE SGT 1273/120/1	

PRISONER LODGED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CELL NO. 10	TIME 2107	VISIBLE PHYSICAL CONDITION WHEN LODGED OK	PROPERTY RECEIPT # 95571	LOGGING OFFICER'S INITIALS/SHIELD Pda 175/101
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PRISONER ACTIVITY

LIST ALL MOVEMENT OF PRISONER BOTH WITHIN AND OUTSIDE PRECINCT / COMMAND. INCLUDE TRANSPORTS TO HOSPITAL, COURT, INTERROGATIONS AND NOTE PHYSICAL CONDITION UPON RETURN. IF DIFFERENT UPON RETURN, SUBMIT I.C. TO EXPLAIN. IF PRISONER IS BAILED, LIST TIME & DATE ON APPROPRIATE LINE BELOW AND COMPLETE THE PRISONER BAILED BOX ABOVE. PRISONER INSPECTION VISITS ARE MADE AT INTERVALS NOT TO EXCEED 30 MINUTES APART.

TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD	TIME	REMARKS/OBSERVATIONS	OFFICER RANK / SHIELD
1555	Sitting USR	Pda 6174	2245	Sitting	Pda 175
1625	Sitting	Pda 6174	2315	Standing	Pda 175
1640	SEARCHED	Pda 6075	2345	Sitting	Pda 112
1710	Sitting	Pda 6174	0015	Sitting	Pda 112
1740	SEARCHED	Pda 6174	0045	Sitting	Pda 112
1800	SITTING USR	Pda 6150	0115	Sitting	Pda 112
1830	SITTING USR	Pda 6150	0145	Standing	Pda 112
1902	Given Food	Pda 5488	0215	Standing	Pda 112
2030	26 to 4TH PCT	Pda 6170	0245	Sitting	Pda 112
2100	36 to 1ST PCT	Pda 6470	0315	Sitting	Pda 134
2105	Intermed - OK	Sgt 1256	0345	Sitting	Pda 134
2107	Search lodged	Pda 175/101	0415	Sitting	Pda 134
2115	Sitting	Pda 175	0445	Sitting / meal	134 112
2145	Sitting	Pda 175	0515	Standing	Pda 134
2215	Standing	Pda 175	0545	Sitting	Pda 134

WARRANTS CHECKED ☐PHOTOS / FINGERPRINTS TAKEN (IF NECESSARY) ☐CHECK ☒ WHEN FUNCTION COMPLETEDARREST PACKAGE REVIEWED & APPROVED ☐COURT INFORMATION SIGNED ☐

SUPERVISOR REVIEW

(TO BE SIGNED UPON TERMINATION OF CUSTODY)